

# DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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## STATE OF MONTANA

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Dear Prospective Retirement Home Provider:

This letter is in response to a request for information regarding the procedure to license Retirement Home. Retirement Home Facilities are not required to be reviewed by the Health Planning Program and therefore do not need a Certificate of Need.

The following references are enclosed:

- 1) A current license application form with explanation of fees;
- 2) *Retirement Home Application Attachment 1*, 50-5-101 through 50-5-208 and 50-5-214, Montana Code Annotated (MCA);
- 3) *Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act*, 52-3-801 through 50-5-825, Montana Code Annotated (MCA);
- 4) *Minimum standards for all Health Care Facilities*, Administrative Rules of Montana (ARM) 37.106.301 through 37.106.331;
- 5) *Minimum standards for Retirement Homes*, ARM 37.106.2501 through 37.106.2530;
- 6) *Water and Sewer Requirements*, Administrative Rules of Montana, ARM 37.111.101 through 37.111.115.

Please submit the following for licensure of the facility:

- ☐ A completed License Application indicating the number of desired apartments/rooms for residents, with the appropriate fee.
- ☐ A Certificate of Occupancy issued by the local building codes authority having authority if issued and a fire inspection report from the local fire authority
- ☐ If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for potability dated within the past year. Please contact your local County Health Department for assistance.
- ☐ If the facility is not on a city sewer system please submit a copy of the local county health department septic system inspection.
- ☐ A floor plan of the facility, which can be hand drawn as long as dimensions are included, documenting the size of all rooms and spaces utilized by the residents.

Upon submission and approval of **ALL** aforementioned information and documentation for a Retirement Home, this Bureau will issue a six (6) month to 364 day provisional license. You may not accept residents in the facility until you are licensed. A health care facility surveyor will conduct a site visit during the provisional license period to assess facility compliance with the retirement home regulations. This visit is also an

opportunity for you and the retirement home staff to obtain any necessary additional clarification on the interpretation of rules or statutes.

You may find additional information and forms on the Internet at: [www.dphhs.mt.gov](http://www.dphhs.mt.gov)

If you have further questions or need assistance during the licensure process, you may contact Harry Dziak, MSW 444-0572; Thad Person, RN 329-1318; Ruth Burleigh, RN/BSN, Program Manager 444-1575, or the Licensure Bureau 444-2676.

Sincerely,

Roy P. Kemp  
Licensure Bureau Chief  
Quality Assurance Division

Enclosures: